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Posttraumatic Stress Disorder Symptoms and Parenting Satisfaction Among a National Sample of Male Vietnam Veterans

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This study examined relationships between posttraumatic stress disorder (PTSD) symptoms and parenting satisfaction. Total PTSD severity scores and avoidance and emotional numbing symptoms were significantly associated with parenting satisfaction. These associations remained significant even after controlling for partner violence, major depression, and alcohol abuse/dependence. Results suggest that higher levels of PTSD symptoms and avoidance and emotional numbing symptoms in particular may have a deleterious effect on parent–child relationship satisfaction.

KEY WORDS: posttraumatic stress disorder; parenting satisfaction; avoidance and emotional numbing.

Studies among veterans have shown that posttraumatic stress disorder (PTSD) symptomatology is related to difficulties across several domains related to family functioning, including problems with intimacy, sociability, expressiveness, disclosure, hostility, anger, marital problems, and family adjustment difficulties (Beckham, Lytle, & Feldman, 1996; Carroll, Rueger, Foy, & Donahoe, 1985; Jordan et al., 1992; Roberts et al., 1982). Associations have also been reported between PTSD symptoms and intimate relationship violence and psychological abuse perpetration among veterans (Byrne & Riggs, 1996).

Despite this evidence and research demonstrating behavioral problems among the children of veterans with PTSD (e.g., Jordan et al., 1992), the degree to which veterans' PTSD symptoms impact their relationships with their children has been understudied. An exception was a recent study by Ruscio, Weathers, King, and King (2002), who examined associations of overall PTSD symptoms and PTSD symptom clusters with indices of the veterans' perceived relationships with their children using a convenience sample of 66 male Vietnam veterans. In contrast to previous investigations that examined the effects of veterans' PTSD symptoms on their children, these researchers incorporated a number of potential confound variables, such as depression and substance abuse. At both the bivariate level and when controlling for the set of covariates, the avoidance and emotional numbing cluster exhibited stronger associations with all relationship variables than did the reexperiencing and hyperarousal clusters. Emotional numbing symptoms exerted a particularly detrimental effect on veteran–child relationship quality.

The current study represents a replication and extension of Ruscio et al. (2002). We examined associations between PTSD symptoms and its clusters with self-reported parenting satisfaction among a sample of Vietnam veterans. We expected the avoidance and emotional numbing cluster to exhibit the highest associations with parenting satisfaction at the bivariate level and when controlling for relevant covariates. As Ruscio et al.

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discussed, generalizability and power concerns stemmed from their use of a relatively modestly sized convenience sample. We used a larger, nationally - representative sample of Vietnam veterans. We further extended the earlier investigation by controlling for the effects of veteran-perpetrated partner violence. Because marital conflict has been associated with parental negativity toward children (Webster-Stratton & Hammond, 1999), we expected partner violence frequency to be associated with lower parenting satisfaction. Consistent with Ruscio et al., we also controlled for veteran's major depression and alcohol abuse/dependence.

Method

Data Source

The National Vietnam Veterans Readjustment Study (NVVRS; Kulka et al., 1990a, 1990b) was a Congressionally - mandated investigation of the psychosocial functioning of those who served in the Vietnam conflict. The sample for the current study comprised 250 male veterans who had biological children and who participated in the Family Interview NVVRS component. Approximately half of these participants had 1 to 2 children, over 40% had 3 to 4 children, and 6% had 5 children or more. About 30% of the veterans had a score greater than 89 on the Mississippi Scale for Combat-Related PTSD (Keane, Caddell, & Taylor, 1988), a critical cut-point deemed highly suggestive of the condition. Regarding ethnicity, 22% were African American and 78% were Caucasian/other; 32% further identified themselves as Latino/Hispanic. About 94% of the veterans were employed and 95% were married. Their average age was 41.44 years (SD = 5.08; range = 33–62). Their average education was 13.50 years (SD = 2.46; range = 4–20).

Measures

Major depression and *alcohol abuse/dependence* diagnoses were obtained using the Diagnostic Interview Schedule (DIS; Robins, Helzer, Croughan, & Ratcliff, 1981). The DIS was developed for use by lay interviewers to assess for the presence or absence of a broad range of psychological disorders in large epidemiological studies. The major depression DIS measure consisted of 17 items. The alcohol abuse/dependence DIS measure consisted of 23 items.

Partner violence was measured using the Conflict Tactics Scale (CTS; Straus, 1979). Female partners reported the frequency of eight veteran-perpetrated abusive behaviors during the previous 12 months on a scale ranging from 0 (*never*) to 6 (*more than 20 times*), with a total scale score that was a sum of these item scores. The scale had an internal consistency reliability of .90.

PTSD symptoms were assessed using the Mississippi Scale for Combat-Related PTSD (Keane et al., 1988). The measure consists of 35 items rated on a 5-point Likert scale. Total PTSD severity scores were computed, as well as three 5-item subscales corresponding to the reexperiencing, avoidance and emotional numbing, and hyperarousal PTSD symptom clusters. These subscales were previously derived and validated by Erickson, Wolfe, King, King, and Sharkansky (2001). The internal consistency reliability estimate for total PTSD severity scores was .95, and reliability estimates were .87 for reexperiencing, .75 for avoidance and emotional numbing, and .71 for hyperarousal.

Parenting satisfaction was measured using five self-report items previously derived and validated by Vogt, King, King, Savarese, and Suvak (in press). Scale items included participants' evaluation of their efficacy as parents, the degree to which they enjoyed parenting, their perception of the quality of the parent–child relationship, satisfaction regarding the way their children were "turning out," and problems the children presented. Each item was rated on a 5-point Likert response scale. The internal consistency reliability estimate was .76.

Analyses

NVVRS sample design weights were used to adjust for oversampling and to allow for the projection of results to the larger population of Vietnam veterans and their

Table 1. Descriptive Statistics for Study Variables

	M	*SE*[a]	95% CI
Quantitative variables			
Parenting satisfaction[b]	0.22	0.30	−0.38–0.81
Partner violence	1.05	0.21	0.64–1.47
PTSD severity	67.22	1.59	64.06–70.35
Reexperiencing	8.66	0.27	8.13–9.18
Avoidance and emotional numbing	9.50	0.30	8.91–10.10
Hyperarousal	11.58	0.27	11.04–12.11
Categorical variables	%		
Major depression diagnosis	1.2	0.6	0.1–2.3
Alcohol abuse/dependence diagnosis	8.9	2.2	4.5–13.1

[a]*Estimates of standard deviations may be computed by multiplying the standard error of the mean (SE) by the square root of the number of cases* ($\sqrt{N}$).

[b]Items comprising score composite were transformed to standard scores because of variations in response format. Therefore, total scores are distributed about an approximate mean of zero.

Table 2. Bivariate Correlations Among Study Variables

Variables	1	2	3	4	5	6	7	8
1. Partner violence	—							
2. Major depression	.02[a]	—						
3. Alcohol abuse/dependence	.18[a]**	.22[b]†	—					
4. PTSD severity	.25**	.22[a]†	.18[a]*	—				
5. Reexperiencing	.15**	.23[a]†	.17[a]*	.84***	—			
6. Avoidance and emotional numbing	.23***	.19[a]†	.18[a]*	.86***	.68***	—		
7. Hyperarousal	.19***	.06[a]	.19[a]*	.83***	.75***	.67***	—	
8. Parenting satisfaction	−.15*	−.03[a]	−.07[a]	−.27*	−.17+	−.30**	−.17+	—

Note. p values vary across associations of similar magnitudes because of the use of sample design weights.
[a] point-biserial correlation.
[b] phi coefficient.
†$p < .10$. *$p < .05$. **$p < .01$. ***$p < .001$.

families. These weights permitted unbiased estimates and correct standard errors. Weighted means, standard errors of the mean, and 95% confidence intervals were computed for all variables. Next, bivariate associations were calculated among all variables. Hierarchical multiple regression analyses then were conducted to determine the unique associations between scores on the PTSD measures and parenting satisfaction. In each regression, one for PTSD total score and one for each PTSD symptom cluster score, the three covariates were entered into the first block, followed by the PTSD predictor variable in the second block. Effect sizes were interpreted in terms of suggestions made by Cohen (1988) for small, medium, and large values. All analyses were conducted using STATA (StataCorp, 1999).

Results

Table 1 presents descriptive statistics for the study variables, and bivariate associations are reported in Table 2. As expected, the avoidance and numbing PTSD cluster exhibited the strongest association with parenting satisfaction ($r = -.30$). An association of a similar magnitude ($r = -.27$) was found between overall PTSD severity and parenting satisfaction.[5] The associations between the other two symptom clusters, reexperiencing and hyperarousal, and parenting satisfaction (for both, $r = .17$) were significantly weaker, $t(247) = 2.61$ and $t(247) = 2.57$, both $p < .05$. As expected, partner violence was significantly associated with all of the PTSD variables, and among the covariates, only partner violence was significantly associated with parenting satisfaction.

[5] In supplementary analyses, we obtained a dichotomized PTSD/no PTSD variable by using the recommended cut score of 89 on the Mississippi Scale for Combat-Related PTSD (Keane et al., 1988). We found a bivariate correlation of −.22 between this dichotomous variable and parenting satisfaction.

At the first step of each multiple regression, the three covariates accounted for approximately 3% of the variance in parenting satisfaction. Consistent with the bivariate correlations, partner violence was the only significant, unique predictor in this block, $t(246) = -2.24$, $p < .05$. The associations between the PTSD variables, entered at the second step of each regression, and parenting satisfaction are displayed in Table 3. As was the case for the bivariate correlations, only overall PTSD severity and the avoidance and numbing symptom cluster were significantly associated with parenting satisfaction. PTSD severity and avoidance and emotional numbing symptoms accounted for approximately 6 and 7%, respectively, of the variance in parenting satisfaction beyond the covariates. The reexperiencing and hyperarousal clusters each uniquely accounted for approximately 2% of the variance in the outcome measure.

Discussion

Results indicate that avoidance and emotional numbing symptoms evidenced the strongest associations with parenting satisfaction among the PTSD symptom clusters. Moreover, the association between avoidance and

Table 3. Hierarchical Multiple Regression Results: Associations Between PTSD Variables and Parenting Satisfaction

	Parenting satisfaction			
Variables	β	t	Partial r	p
PTSD severity	−.05	−2.56	−.24	.01
Reexperiencing	−.16	−1.82	−.15	.07
Avoidance and emotional numbing	−.27	−2.89	−.27	.00
Hyperarousal	−.16	−1.55	−.14	.12

Note. Partner violence, major depression, and alcohol abuse/dependence were controlled for in each separate analysis.

emotional numbing and parenting satisfaction remained when controlling for veteran partner violence, major depression, and alcohol abuse/dependence. Overall PTSD symptom severity was also negatively correlated with parenting satisfaction, with associations of a similar magnitude. Findings suggest that those with high levels of PTSD symptoms and avoidance and emotional numbing symptoms in particular are at the greatest risk for reporting poor parenting satisfaction.

The mechanisms through which avoidance and emotional numbing lead to poorer parenting satisfaction requires further investigation. Ruscio et al. (2002) found the numbing symptoms to exert a particularly negative effect on parenting satisfaction. It appears that veterans' feelings of detachment and inability to experience emotions carries over into the parental relationship. It is possible that these symptoms lead to more behavioral problems among the children of the veteran, which in turn lead to poorer parenting satisfaction. Future research should examine the potential mediating role played by child behavior problems and other factors that may assist in our understanding of the relationship of avoidance and numbing with parenting satisfaction.

Although associations between both the reexperiencing and hyperarousal symptom scores and parenting satisfaction were only small to medium and did not attain the traditional standards of statistical significance, these relationships may not be inconsequential. Moreover, findings of larger associations between these clusters and parenting satisfaction in Ruscio et al. (2002), as well as the consistent relationship found between total PTSD symptoms and satisfaction, suggests that the association between PTSD and parental satisfaction is complex and multidetermined.

The current study augments the findings of Ruscio et al. (2002) in two important ways. First, we used a large national sample, with sample weights enhancing the generalizability of findings to the larger population of Vietnam veterans. Second, we controlled for partner violence, which was significantly associated with PTSD symptoms in this study, and was modestly associated with parenting satisfaction (accounting for 2% of the variance). Associations in this study suggest that the relationship between PTSD symptoms and parenting satisfaction was not accounted for by partner violence. That is, PTSD symptoms were associated with parenting satisfaction beyond the effects of partner violence perpetration, as well as the other covariates.

This investigation is not without its limitations. The cross-sectional nature of the data warrants caution when interpreting results. Perhaps more importantly, most of the measures used in this study were obtained through veteran self-reports. Supplementary partner and/or corroborating reports from children would serve to ensure that obtained findings were not due to response bias. These limitations notwithstanding, findings appear to implicate the importance of avoidance and emotional numbing with respect to the male veteran–child relationship.

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